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Interview with Felicity Aymer: AIDS, AIDS Activism, and Jamaica Kincaid's *My Brother*

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Diana Davidson is a writer, researcher, educator, and HIV organization member living in Edmonton, Alberta. She spoke with Felicity Aymer, AIDS Program Manager for the Ministry of Health, Antigua AIDS Secretariat, while attending the 2003 Eastern Caribbean Cultures and Literatures Conference, where she presented the paper, ““What to do?”: Caribbean AIDS Literature and Globalization.” The following interview was conducted at the offices of Antigua and Barbuda’s AIDS Secretariat in St. John’s on November 5th, 2003. It documents an interesting and important dialogue on AIDS, AIDS activism, and AIDS literature in the Caribbean.

DAVIDSON: I am speaking with Ms. Felicity Aymer of the Antigua and Barbuda AIDS Secretariat, an office within the Ministry of Health and Social Improvement. Thank you for agreeing to do this interview. Can you please briefly describe the mandate and/or mission statement of your organization for our readers?

AYMER: We provide and distribute HIV/AIDS information and support. The AIDS Secretariat’s mission statement reads as follows:

The Mission of the AIDS Secretariat is to deliver an integrated and comprehensive service for the prevention and mitigation of HIV infection on individuals, families and the nation through collaboration with other sectors in the society. We work collaboratively with other private and public sector organizations as well as civil society at the national, regional and global levels in achieving its goals of prevention and mitigation of HIV infection. It seeks to be responsive to national needs and to advocate for Persons Living with HIV by reducing stigma and discrimination through a legal, ethical and human rights framework and creating an environment which is supportive to all segments of society. It serves as the government’s focal point for the collection and dissemination of information about HIV/STIs and related issues of sexual and reproductive health.

DAVIDSON: Thank you. In November of 2001, the town of Port of Spain on the island of Trinidad hosted the Tenth International Conference for People Living with HIV/AIDS. In Martin Flynn’s report on the conference, printed in the December 2001 issue of the British *Positive Nation* magazine, Flynn writes that Prime Minister of the islands St. Kitts and Nevis, Dr. Denzil Douglas, gave a moving speech that pointed out the “symbiotic relationship between poverty and HIV/AIDS” (26). Flynn says Douglas highlighted the dangerous fact that “the epidemic has been driven underground to marginalized communities” (26). To your knowledge, has this level of political activism continued in the two years after the conference? Have Antigua and Barbuda been affected by the results of this conference?

AYMER: Prime Minister Denzil Douglas has been very active in accessing the Clinton Foundation’s support.¹ It would seem to us in Antigua and Barbuda that the stigma and

discrimination are not quite as pronounced as they were five or six years ago. Because of discrimination associated with HIV/AIDS, we've had some problems in the past with some of the vulnerable groups that we are most concerned about it - the groups that are most difficult to access. We think we are beginning to see the light at the end of the tunnel in terms of that. I hope this is not being overly optimistic.

DAVIDSON: In terms of the information that is available to me, I can access the 2002 UN report that 420,000 adults and children living with HIV/AIDS in the Caribbean, but do you have figures on how many people are living with HIV/AIDS in Antigua and Barbuda?²

AYMER: Well, the reported cases that we have number about 440. There are 430 notifications, cumulative notifications, and out of that about 125 have died, so we have just over 300 people that we know of with HIV.

DAVIDSON: Now, I am asking this next question because I have worked at an HIV/AIDS organization in Northern Alberta, a part of Canada very rich in oil and, thus, with influxes of seasonal workers. I have noticed that the same dynamic exists here in Antigua with tourism and I am wondering if that adds to the HIV/AIDS problem that you are aware of here.

AYMER: What has happened is we have a lot of non-nationals we call them, people not born in Antigua and Barbuda and from other Caricom [Caribbean Community] territories, who have come here in search of better living conditions and work and some of these people are coming down with HIV. Maybe they are coming infected, I don't know, we don't test people [upon entry] -- it is all voluntary testing [in Antigua and Barbuda]. I would say that a significant proportion of our HIV-infected people are non-nationals, most from other Cari-com countries.

DAVIDSON: I find that to be a very interesting dynamic because in Northern Alberta one of the biggest risk group is identified as young women, and specifically aboriginal and/or First Nations' women, and this is often because of the dynamic of male seasonal oil industry workers being in a place for two, three, six months and then leaving. So it is quite a difficult problem facing many parts of the world. Just as Antigua relies on tourism, Northern Alberta relies on the oil industry for economic growth and stability. Peggy McEnvoy, who works as the UN AIDS Team leader for the Caribbean, documented some of the all-too-familiar causes that contribute to higher prevalence rates in 'Third world' HIV-infection in a February 2000 speech given at the Caribbean Conference on HIV/AIDS in Barbados.³ Poverty is obviously a huge factor in assessing an individual's, or a community's, risk for HIV-infection, access to HIV-antibody testing, and access to treatment for HIV and/or AIDS-related condition. Can you speak to this complicated reality as it is seen or addressed by your organization at this time or in the past?

AYMER: Well, we are told that in Antigua we have one of the higher income levels in the Eastern Caribbean. Until quite recently [after the terrorist attacks of 9/11 in the USA], the tourist industry has been doing reasonably well. Employment is not too, too bad. Those persons who seem to be really on the margins are those who are emerging with HIV. It is interesting though to

look at the data that we have, a number of our persons living with HIV are unemployed, so perhaps the connection is there.

DAVIDSON: And that becomes a cycle in itself, because if you are too ill to work, you remain/become unemployed, or you don't want to tell you employer you are HIV-positive . . .

AYMER: Yes.

DAVIDSON: My next question is related to some of my earlier comments about emerging risk groups in Northern Alberta. Are there any particular risk groups that your organization identifies at this time?

AYMER: Men who have sex with men, but they are a high-risk group anywhere. Young people, and it is not because they are poor, it has to do with lifestyles. Young people are becoming sexually active earlier.

DAVIDSON: Is there a problem with intravenous drug use that you know of in Antigua?

AYMER: We do not see problems with intravenous drug use. We do have problems with cocaine and marijuana. Young people are into marijuana, and people in their twenties and thirties are into cocaine use. And then, of course, there is alcohol. Interestingly enough, I don't know what it is, when I first joined the program, we had a number of substance abusers with HIV. We don't seem to have that many in recent times and maybe it is that we don't know it, but I would have expected more.

DAVIDSON: And of course it is all connected as when you are using substances you can make poor sexual health-related choices. But to your knowledge, HIV-transmission through IV drug use is not a big problem here . . .

AYMER: Through IV drug use, no, but among substance abusers, yes. But not as much as I anticipated, based on what has happened in the past. We do know that IV drug users are a risk group.

DAVIDSON: You have stated that things have started improving over the past two years in terms of international attention. According to the UN's 2002 report, the Caribbean has the second highest HIV-prevalence rate of all the world's regions, with 2.2% of the adult population being HIV-positive, compared to 8.4% in sub-Saharan Africa.⁴ While there is much global coverage of AIDS on the African continent, with both positive and negative effects and consequences, there is not the same awareness or attention given to the Caribbean epidemic. How do you think the current perception in North America and Western Europe that HIV/AIDS exists "elsewhere," specifically in Africa, influences peoples' perceptions of HIV in the Caribbean?

AYMER: In the last year, our Prime Ministers have been very vocal about HIV because they foresee if the impact of HIV is anything like it is in sub-Saharan Africa, we will be absolutely decimated because of our population size. We had a very high-powered meeting in 2000 in Barbados, where the Prime Minister of Barbados had invited donors. The problem was stated, donors pledged to donate funds so-on-and-so-forth, and we even developed an economic impact prediction of HIV. This has been on the Caricom heads of government, and 'on the agenda', since that time. Enough has been said about it and many ministers have spoken eloquently about it. Things have begun to move and it would appear that there is a lot more interest in [HIV in] the Caribbean. The CDC (Centers for Disease Control) is working with us. USAID has been working with us, as it has always done, and is expanding its work with us. Of course, there is also UNAIDS and the Pan American Health organization.⁵ There have always been French technical corporations, the Germans have always funded, and the European Union has been involved. Some of the funding has gone into individual territories and some of it is for regional plans and programs. There is a lot of money, and I haven't begun to name all of the agencies that are involved and there are a lot of them. Caricom and the Pan Cap Health Organization, to which I alluded earlier is the agency within Caricom that is responsible for HIV in the region now, and they are also able to go out and source funds. Funding is coming into the region through Pan-Cam. CIDA [Canadian International Development Agency] has always been very, very supportive, both in technical and financial needs.⁶ So, an answer to the question would be that people's perception in North America and Western Europe would seem to be that, based on what has occurred in Southern Africa, HIV/AIDS could be a potential holocaust in the Caribbean so all efforts must be made to avoid it.

DAVIDSON: That is very important to hear. The next few questions I'd like to ask have to do with writing and representation. My background is actually literary, and although I have worked as an HIV-counselor, I am also a part-time literary instructor. A book that has really changed my life and made me aware of AIDS in a different way, and brought my attention to the Caribbean and Antigua, is Jamaica Kincaid's *My Brother* [first published in 1997]. The book is wonderful, problematic, and heart-wrenching. Now I realize that you have just explained to me how things have changed since 1997, but I am really interested in Kincaid's statement [in the book] that:

The reason my brother was dying of AIDS at the time I saw him is that in Antigua if you are diagnosed with the HIV virus you are considered to be dying; the drugs used for slowing the progress of the virus are not available there; public concern, obsession with the treatment and care of members of the AIDS-suffering community by groups in the larger non-AIDS-suffering community, does not exist. (31)

Obviously, this attitude does not exist to the same extent now, as you have told me about all of the work your organization is doing. However, you are nodding your head . . .

AYMER: We had/have a problem. I really feel though that we in the Antigua AIDS Secretariat program are promoting hope. We are saying to people living with HIV that AIDS is not a death sentence. I think that because we were so vigorous in trying to prevent it [HIV-infection], in the early stages [of the Caribbean epidemic], when we said there was no cure and that you died, we have not been able to erase that message from the public psyche. And so they hear “HIV” and they hear “death.” We have no end of problems saying to people, we in the secretariat, “You are HIV-infected: it does not mean you are going to die tomorrow, even next year. There is a lot of hope, particularly with the drugs being available.” I mean even without the drugs one can be healthy for a reasonable length of time. People do not hear that, and I know this from working with them. They hear: “I have AIDS: I am going to die.” Once they have gotten over that, realizing they are not going to be dead within a month or a year, then you can begin to work with them at the council. At that time [when Devon Drew was ill with AIDS-related illnesses in Antigua] AIDS was synonymous with death and people did not take notice. We had a problem, and I really feel very passionately about this, our physicians have not been the most co-operative people when it comes to HIV and AIDS. They feel, “you have HIV - we’ll leave you to die.” Well, some of them [physicians] do. And I believe this is the kind of thing Ms. Kincaid faced with her brother. Also, AZT at that time was frightfully, frightfully, frightfully expensive and we just did not have the resources to get that in for anybody. Plus the fact that, as you know, AZT is only effective for so long. That was a problem that she [Kincaid] faced. And he [Devon Drew] recovered to a certain extent and relapsed and so on and so forth . . . It doesn’t really apply that if you have HIV it is a death sentence but that is still what people hear. Even when it comes to promoting testing - they don’t want to know because “If I know, presumably then I shall die.” That is something we have to address for the general population so they can come in, get tested, and know that it is better to know than not to know, if you understand what I am saying.

DAVIDSON: Yes, absolutely, and I think that is a universal challenge.

AYMER: Yes, so that is where it’s at.

DAVIDSON: You mentioned that drugs are now available. Are anti-retroviral drugs and protease inhibitors commonly used?

AYMER: Anti-retrovirals . . . I wouldn’t say they are commonly used but they are available. And they are now available free of cost.

DAVIDSON: Wonderful.

AYMER: We are trying to implement a national program where people will come in and be monitored. This is what we are up against - getting them to come in and access the care and know that the treatment is available and given when they need it. Still I am seeing, and I don’t know whether it is a cultural thing or not, a resistance to coming in.

DAVIDSON: It may be read as cultural, but it happens in many cultures.

AYMER: Yes, and it may also be a male thing as well. The men don't come in as readily as the women. We have the PMCTC [Prevention of Mother to Child Transmission] program going and women are coming in and are being encouraged to be tested. Getting to the men is challenging, it's challenging. Up until even the beginning of last year we were seeing men come in really, really moribund and it breaks your heart because they do not have to do that, they can come in and get some kind of treatment. They do not have to die the way they die. It's a challenge - and it's a male thing and a cultural thing.

DAVIDSON: To your knowledge, and this is perhaps a more personal question, has the book *My Brother* made an impact among people who work in the AIDS community and AIDS education in Antigua?

AYMER: I don't know. I haven't heard it specifically discussed and I haven't discussed it either. However, we had a benefit and that book was presented as one of the door prizes. I guess I just loved reading it, and I love reading books about Antigua, so I had it but I am unsure of the impact it has had among people affected by HIV. I guess that is something that I need to find out.

DAVIDSON: It would be interesting to find out.

AYMER: One of the consultants that I have worked with, from a French corporation, picked up the book in an airport - in French.

DAVIDSON: From my knowledge it is a best-selling book in Canada and the UK and in the literary world that I sometimes inhabit it is a well-known book. Some of the people at the AIDS organization I volunteer with are familiar with it.

AYMER: I cannot really answer that [previous question] and I feel a bit embarrassed.

DAVIDSON: Oh, no, don't be . . . I have been working with an author who writes about AIDS in Alberta [Canada] and I think his book is very important and relatively few people have read it. Unfortunately, I think people sometimes shy away from tough topics that are close to home.

AYMER: Yes.

DAVIDSON: My last question is very general and it has to do with the creative response to AIDS. I am wondering if your organization has, or is planning to be involved, with creative programs that deal with HIV/AIDS and surrounding issues -- like say an AIDS Quilt.

AYMER: Eventually we will get involved in an AIDS Quilt. We thought about it a long, long time ago, a few years ago, and the response was reasonably positive. Unfortunately, we did not follow through on that and people were not enthused enough to ask what happened. But I think it would be a good thing. Every year on World AIDS Day we do something to remember those who have succumbed. In the past, we have done candle-light vigils, lighting the number of candles denoting the number of deaths. One year we decided to do balloons and that blew

people's minds away because they had no idea - it was a sensitive, consciousness-raising thing that we did. I think we will be doing that again this year. We have tried to bring in sports people and DJ's into the awareness equation.

DAVIDSON: Is that in an effort to reach young people?

AYMER: It is to reach young people and to try to get young people to reach other young people. We have done a school's project with youth, with Forms 1-3 which would be about age 11-14, and that I thought that worked very well. Still when you see these young people, they say to you, "remember me, I was in the project" and they seem to be doing quite well in terms of their sexual responsibility.

DAVIDSON: Well, this is the end of my questions. Is there anything that you would like to add or clarify at this time?

AYMER: Well, I don't know how my interview will come out in print [laughs] but I must say that this interview led me to re-read Ms. Kincaid's book and I enjoyed it much more than when I first read it. I guess I was not in a frame of mind to enjoy it when I first read it. It is a very descriptive book and I liked the simplicity of her language. I was quite impressed with her style.

DAVIDSON: Thank you for a hope-inspiring interview. In the West we hear about high-infection rates, and death, and loss and rarely do we hear about the hope and the wonderful work that is going on elsewhere. I will bring this message to our readers.

AYMER: Yes. We now have a small support group of people living with HIV and I am very excited about and they are all now my bosom friends. We would like that to grow a little bit more, so people can share fellowship with each other and go out and spread the message of hope. I feel pleased with myself, stupidly pleased with myself. In the past, it was the men who came out and disclosed, and they would even come out on television. Right now we are engaged in doing HIV-training for our healthcare practitioners and we needed to have someone living with HIV to come and speak. We were able to have a young woman come out to the group and that was the first time that had happened and I feel that we are moving somewhere. I am not sure exactly where we are moving but we are moving somewhere and it is worth it.

DAVIDSON: Absolutely.

AYMER: The dreadful kind of end products that I saw with Devon, Devon Drew, you don't often see now. People just die suddenly now. I don't know which is better. The suffering and the indignity that people suffered I hope is something of the past. Things have changed and I hope they will get better as the years go by.

DAVIDSON: I hope so too and it sounds like your organization is doing everything it can to ensure this kind of future.

AYMER: We try.

DAVIDSON: Thank you very much.

AYMER: Thank you.

Notes

¹Through the Clinton HIV/AIDS Initiative (CHAI), the Clinton Foundation funds government initiatives on HIV/AIDS around the world. The website address is:

<http://www.clintonpresidentialcenter.org/aids-initiative1.htm>.

²According to the United Nations' July 6th 2004 "Report on the Global AIDS Epidemic," there are currently 430,000 people living with HIV in Caribbean. The Bahamas and Trinidad and Tobago have prevalence rates higher than 3% and Haiti has an HIV-prevalence rate of 5.6%. In the December 2003 World AIDS Day report, the UN estimated that 30,000 to 50,000 people had died of AIDS-related illnesses in the Caribbean. These reports can be downloaded from www.unaids.org.

³See "Caribbean Crossroads," The Washington Quarterly 24. 1(Winter 2001), 227-235), for Peggy McEvoy's report on the economic impact of HIV/AIDS.

⁴In the July 6th 2004 report, the UN estimates that HIV-prevalence rates in sub-Saharan Africa range from 2% to 35% (in Swaziland and Botswana).

⁵The Pan American Health Organization is a regional office with the World Health Organization.

⁶The Canadian International Development Agency's website [CIDA] can be found at: <http://www.acdi-cida.gc.ca/index.htm>.